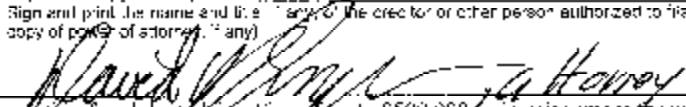


BD-000 (Rev. 10/03)
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United States Bankruptcy Court Southern District of New York		PROOF OF CLAIM
In re (Name of Debtor) WorldCom, Inc., et al.	Case Number 02-13533 (AJG) Jointly Administered Case No. of Debtor 02-42223	
Name of Debtor Against Which Claim is Filed MCI WORLDCOM Communications, Inc.	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.	
Name and address of Creditor HSG/ATN, Inc. PMB #370 425 Carr. 293, Suite One Dorado, Puerto Rico 00646	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent c/o Engelman Berger, P.C. 3636 North Central Avenue, Suite 1050 Phoenix, Arizona 85012		
Telephone No. 602-271-8090		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIED DEBTOR TTI National	<input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (year) to _____ (year)		
2. DATE DEBT WAS INCURRED May, 2002	3. IF COURT JUDGMENT, DATE OBTAINED:	
4. Total Amount of Claim at Time Case Filed: \$ 675,710.00 plus all commissions due under the Representation Agreement pursuant to its terms, except to the extent any commissions are determined to be administrative expense claims.		
<input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Value of Collateral \$ _____ Amount of principal and other charges at time case filed included in secured claim above, if any \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,500* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)() _____ *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been accepted and deducted for the purpose of making this proof of claim. In filing this claim.		
8. Supporting Documents. <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 1/23/03	Sign and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  David J. Honey	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 1571.